

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

DEAR EDITOR: I am extremely interested in your Editorial Comment (April number) on skilled nursing care for the "great middle class," and also in your question, "What are we going to do about it?" I am still more intensely interested in the economic condition of women.

Why do you call the "trades-union rate of charge" an evil? If it were not for this trades union, or rather organization of specialized labor, nurses would still be receiving the "starvation wage" which is, at this present hour, perhaps responsible for more than half—or shall I say three-quarters?—of all the sin, sickness, sorrow and necessity for nurses, that there is in the world.

You speak of "giving services, as humiliating," but are you not as surely giving seventeen or fifteen or ten dollars a week to the mechanic or bookkeeper if you can earn twenty-five dollars a week elsewhere, and are working for him at eight or ten or fifteen dollars?

Regardless of physicians' compensations, why should you, if morality be the battle-cry, over charge the rich any more than under-charge the poor? By accepting eight or ten or fifteen dollars a week, and stating no humiliating suggestion of charity is offered, do we not proclaim to the public that we are worth no more? Will it not be a most serious result if, after a time, we find we can command no more? Can nurses be economically independent at eight or ten or fifteen dollars a week? If so, let us by all means allow all humanity the privilege of lowered rates. If not, is it not a short-sighted policy to work for the "benefit of humanity," and by so doing defeat our purpose and be thrown later on in our lives as "objects of charity" upon this self-same confessed humanity?

As for the nurses of Toronto meeting this demand, is it not a well-known fact that nurses in Canada cannot command a "living wage," and does this not account for the great number of Canadian nurses in America who are here not only as our most honored leaders, but as wage-earners?

A central directory in a fair-sized community will surely be of some assistance in providing those of moderate income with skilled

nursing. It will bring together all conditions of nurses, among whom will be some women who are not entirely dependent upon nursing for their livelihood. Upon these women should fall the responsibility of nursing "the middle classes" at lowered rates. The rank and file of nurses who are earning twenty-five dollars a week by private nursing are not only supporting themselves entirely, but many are assisting a brother or sister through school or college, or helping their own who are not in a position to work. Is not this a most natural and sane manner of benefiting humanity? We must realize that by working forty-five weeks out of every year for fifteen years at this trades-union rate (and not many women are able to nurse longer) a woman can only save about ten thousand dollars, and then unless she cares to spend the principal, this will only yield her from four hundred to five hundred dollars a year. Will you blame me for my anxiety?

MARY BARTLETT DIXON,
Registered Nurse, Maryland.

[This writer has missed the point of our argument. If nursing is a trade, the union rate of charge is right. If it is to be a profession, the union rate must go.—ED.]

DEAR EDITOR: It was with a great deal of pleasure that I saw Miss Hasson come forward with her ideas in the April JOURNAL in regard to conditions in the Army. Her view of the matter so entirely coincides with my own that I most heartily endorse all that she said and shall not go into extra details; but should like to say that in case of future war or national calamity this question of nurses for the army should be settled now and for all time. And who are more competent to do this than the nurses who first entered the service? When the Surgeon General first sent out an appeal for volunteers for an emergency service I was too ill to take an interest in the matter. Then later I was amused at the many fault-findings in regard to the treatment some nurses had received while in the service. I am inclined to think that these complaints now come usually from nurses who had done very little work in the early days of the war. I am sorry for them, and hope others besides Miss Hasson will have something of the good side as well as the bad to tell. When the first call for nurses was made in 1898 I had the pleasure to be called to Sternberg Hospital, Chickamauga, Georgia, where no doubt we had things much better, considering the early date, than in the other camps. We had a good Commanding Officer and a most capable Chief Nurse.